

**APPLICANTS DETAILS**

Title Mr  Mrs  Miss  Ms  DR  Other

If Other "please give details"

Surname

Forename(s)

Gender Male  Female

Date of Birth

Place of Birth - Town

Country

National Insurance Number

Home Telephone Number

Mobile Telephone Number

Email Address

**FULL ADDRESS DETAILS**

House Number

FULL Address

Town/City

County

Post Code

Lived at this address since

**PREVIOUS ADDRESSES: Please provide us with details of all Previous Addresses if current address is less than 5 years**

House Number

FULL Address

Town/City

County

Post Code

Lived at this address since

**PROOF OF RIGHT TO WORK :** To be eligible to be employed by Olney Care Services you must have been a resident in the United Kingdom for at least five years

Nationality

Are you a UK or European Union National :                      YES                       No

**If you are not please disclose and attach the relevant documentation stating your eligibility for employment in the UK.**

Passport Number

Issue Date

Expiry Date

Birth Certificate

Issue Date

Country Of Issue                      UK                       Other, Please specify

**You must hold a valid UK driving licence with a Valid MOT certificate and motor Insurance. Please provide the following information**

Driving Licence number:

Licence Valid From:

Country Of Issue:

Insured by:

Policy Number

MOT Expiry Date

**EMPLOYMENT DETAILS**

Please provide your Current and most recent employment information

Current Position

Organisation Name

Organisation Address

Town/City

County

Post Code

Manager Name

Contact Telephone No'

Current Salary per annum

Employed From:-

Employed To:-

**PREVIOUS EMPLOYMENT DETAILS**

Please list ALL OTHER previous employment with the most recent first, giving reasons for any GAPS in employment in associate box below. Please use a continuation sheet if necessary

Employers Name & Address	Position Held	From Date	To Date	Reason for Leaving

May we contact the Manager for a reference if you are invited to an Interview Yes  No

Employers Name & Address	Position Held	From Date	To Date	Reason for Leaving

May we contact the Manager for a reference if you are invited to an Interview Yes  No

**EDUCATION & PROFESSIONAL QUALIFICATIONS**

Please list all FORMAL and PROFESSIONAL Qualifications gained. Please begin with the most recent. Use a continuation Sheet if necessary

Name & Address of School, College or University	From Date	To Date	Qualifications Gained	Grade

**PERSONAL PROFILE & EXPERIENCE**

Please use this space to tell us about yourself and your experience, indicating why you are suitable for the position and any further details you wish to add. Please use a continuation sheet on another sheet if necessary

**WORK REFERENCES**

Please provide the names of and address of **TWO** People who can act as referee, both of which should be either your current employer or your most recent employer. Please indicate if you **DO NOT** wish them to be contacted prior to interview.

**CURRENT EMPLOYEE**

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Position held	<input type="text"/>
Do you wish this person to be contacted prior to an Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>

**2<sup>ND</sup> REFERENCE**

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Position held	<input type="text"/>
Do you wish this person to be contacted prior to an Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you cannot provide the name and addresses of a previous employer, please supply a name and address of any person who can provide us with a Character reference and has known you for a minimum of 5 years.

**ENHANCED CRIMINAL RECORDS BUREAU CHECK.**

*Prior to employment, The company will request an Enhanced Criminal Records Bureau Check. This is a legal requirement. All information provided and received will remain confidential and will be respected at all times.*

Do you have any criminal convictions, conditional discharge, or cautions:-

Yes  No

Do you have any unspent criminal Convictions

Yes  No

You are required to and be responsible for, informing the company of any new criminal acts you commit, including those of motor offences since your last criminal records check. Failure to do this could result in termination of employment.

**DECLARATION**

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employers' service if I am employed.

I give Olney Care Services the right to investigate all of the references and to secure additional information about me, relevant to the post applied for.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OLNEY CARE SERVICES-CONTACT DETAILS**

**Please return the completed application form with CV to;**

**OLNEY CARE SERVICES LTD,  
23A Market place,  
Olney,  
Bucks.  
MK46 4BA**

If you have any questions relating to this application form, please do not hesitate in contacting us directly for any advice or clarification

**Telephone:**

**01234 241655**

**Email:**

**[OLNEYCARE@BTCONNECT.COM](mailto:OLNEYCARE@BTCONNECT.COM)**

**MEDICAL QUESTIONNAIRE**

Answering YES to any of these questions will not exclude your application. Olney Care Services strictly adheres to the Disability Discrimination Act 1995. Your confidentiality will be respected at all times.

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| • Are you registered Disabled?                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Do you suffer from Epilepsy, Fits, blackouts or fainting attacks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is there any history of diabetes in your family                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Do you suffer from high or low blood pressure?                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Do you suffer from back pain?                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Do you suffer from migraine or regular headaches?                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Do you suffer from Asthma or regular chest complaints?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Have you ever suffered from any kind of mental illnesses?        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Have you had any surgical procedures within the last five years  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Are you suffering from any other conditions or diseases?         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered yes to any of the above, Please can you provide further details- Please use continuation sheet if necessary

Please can you provide details of any SICK Absences from your employment over the last 12 months

Reason for absence

DATE   /   /     NO. of Days

Reason for absence

DATE   /   /     NO. of Days

Reason for absence

DATE   /   /     NO. of Days

I have answered all questions to the best of my knowledge and understand that any false information provided will be sufficient cause for cancellation of this application and/or termination from the employers' service if I am employed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AVAILABILITY**

All work is allocated depending on the needs of the business. Operating 7 days per week, between the hours of 07:00 am to 22:00pm. Flexible hours are available. All Employees are required to work alternate weekends

Please highlight, or tick the table below of your preferences in relation to the times and days you would be available to work. This will be used for us to gain an understanding of the number of hours or days you are available. Please note that this is a guide only, Working Hours and times of work will be discussed further during the next stages of this application if successful.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
08:00							
09:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							

Please provide any further comments you would like us to take into consideration when allocating your regular work

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



**EQUAL OPPORTUNITY POLICY - MONITORING CHECK LIST**

Olney Care Services practices an equal opportunity policy and wishes to recruit and employ people who are best suited for the vacancies for which they have applied, regardless of sex, sexual orientation, religion, ethnic origin, race or disability. We adhere unequivocally to the laws as outlined in the Race Relations Act 1976, the Disability Discrimination Act 1995, the Sex Discrimination act 1975 and the Employment Equality Regulations 2003. To monitor the translation of this intention into practice we ask that you complete the following document. The information you provide will not be used in the selection process.

NAME  MALE  FEMALE

**NATIONALITY/RACE ORIGIN**

Asian	Black	White
Bangladeshi..... <input type="checkbox"/>	African..... <input type="checkbox"/>	British..... <input type="checkbox"/>
British..... <input type="checkbox"/>	British..... <input type="checkbox"/>	European..... <input type="checkbox"/>
Indian..... <input type="checkbox"/>	Caribbean..... <input type="checkbox"/>	Other..... <input type="checkbox"/>
Pakistani..... <input type="checkbox"/>	European..... <input type="checkbox"/>	
Other..... <input type="checkbox"/>	Other..... <input type="checkbox"/>	

**LANGUAGES**

What is your First Language

Do you speak any other language YES  NO

*If answered YES, please state them below*

**DISABILITIES**

Do you consider yourself to have a disability which will affect your day to day work? YES  NO

*If answered YES, please state below and advise if you are registered Disabled.*

**SEXUAL ORIENTATION**

Please circle the one relevant to yourself. Please note that this information is strictly confidential and you are under no obligation to disclose.

Heterosexual / bisexual / gay / lesbian / transsexual / other / prefer not to disclose

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_